

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 097806925	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
5	/			
6	/			
7	/			
8	41			
9	21			
10	21			
11	1			
12	1			
13	6			
14	21			
15	21			
16	1			
17	1			
18	1			
19	1			
20	1			
21	1			
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31	1			
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33	1			
34	1			
35	1			
36	1			
37	1			
38	41			
39	21			
40	21			
41	1			
42	1			
43	1			
44	21			
45	21			
46	1			
47	1			
48	1			
49	1			
50	1			
TOTAL D.	4			
TOTAL P.	56			
TOTAL AIMS	20			

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TOTAL CLAIMS								